

Salem County Department of Health and Human Services
ENVIRONMENTAL DIVISION

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**APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR AN
INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Form 1—General Information

Municipality _____

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1. Type of Permit Needed (Check and Fill-in applicable categories):

- ☐ a. New Construction
- ☐ b. Alteration/ No Expansion or Change in Use
- ☐ c. Alteration/Expansion or Change in Use
- ☐ d. Alteration/Malfunctioning System
- ☐ e. Repair (in-kind replacement)/ Malfunctioning system
- ☐ f. Repair (in-kind replacement) System is not malfunctioning
- ☐ g. Deviation from Standards
- ☐ h. New system installed (existing structure)

2. Location of Project:

Municipality _____ Block No. _____ Lot No. _____
Street Address Zip _____

3. Name of Applicant (print): _____

4. Applicant's Present Address: _____

5. Applicant's Phone Number: _____

6. Type Of Facility:

☐ Residential

☐ Commercial/Institutional

Specify Type of Establishment: _____

7. Type of Wastes to be Discharged:

☐ Sanitary Sewage

- ☐ Industrial Wastes
- ☐ Other—Specify Type

8. If d. or e. in 1. above are checked, indicate the type of malfunction and its cause (check all that apply):

- ☐ Contamination of nearby wells or surface water bodies by sanitary sewage or effluent
 - ☐ Ponding or breakout of sanitary sewage or effluent onto the surface of the ground
 - ☐ Seepage of sanitary sewage or effluent into portions of building below ground
 - ☐ Back-up of sanitary sewage into the building served, which is not caused by a physical blockage of the internal plumbing
 - ☐ Any manner of leakage observed from components that are not designed to emit sanitary sewage or effluent.
 - ☐ Direct discharges to ground water (no zone of treatment)
- Describe the cause of the malfunction: _____

9. Please expand on Question #1, above, by checking if any of the following apply):

- ☐ A privy, outhouse, latrine or pit toilet is present, a system must be installed,
- ☐ A system must be upgraded as part of a real property transfer,
- ☐ A cesspool has been identified during a real property transfer and a conforming system must be installed,
- ☐ A malfunctioning cesspool has been identified and a conforming system must be installed.

10. Other Approvals/Certification/Waivers/Exemptions (Attach to Application):

- ☐ Pinelands Commission
- ☐ Highlands Water Protection and Planning Act
- ☐ U.S. Army Corps of Engineers
- ☐ NJDEP—Bureau of Flood Plain Management
- ☐ Other—Specify:

I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ **Date** _____

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- ☐ Application Denied—Reason for Denial/Citation of Rules Violated: _____
- ☐ Application Approved **PERMIT NUMBER** _____ **EXPIRATION DATE** _____
- ☐ Application Approved Subject to Approval by NJDEP

Date of Action _____ **Signature of Authorized Agent** _____

Name and Title _____

COUNTY/MUNICIPALITY _____

Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. _____
Residential: No. of Dwelling Units _____ Total No. of Bedrooms _____
Ejector Pump YES NO Garbage Grinder YES NO Expansion Attic YES NO
Commercial/Institutional—Indicate type of establishment and show method of calculation. If
estimate is based on water meter data, indicate source of data, frequency of readings, average daily
flow, and maximum recorded daily reading _____

2. Alterations or Repairs

a) Reason for Alteration or Repair (Check appropriate categories):

Expansion or Change in Use _____ Upgrade Existing Facilities _____

Correct Malfunctioning System _____ Other—Specify _____

b) Describe Nature of Alteration or Repairs: _____

3. System Components:

a) Grease Trap Capacity, gals _____

Show Calculation Used: _____

b) Septic Tank Capacities, gals: _____ First (Single) Compartment _____ Second Compartment _____

Third Compartment _____

c) Effluent Distribution

Method: _____ Gravity Flow _____ Gravity Dosing _____ Pressure Dosing _____

Dosing Device: _____ Pump _____ Siphon _____

d) Dosing Tank Capacities, gals: Total Capacity _____ Dose Volume _____ Reserve Capacity _____

e) Laterals: Number _____ Total Length _____ Pipe Size _____ Spacing _____

f) Connecting Pipe: Size _____ Length _____

g) Manifold: Size _____ Length _____

h) Disposal Field: Type of Installation _____

Design Permeability (Percolation Rate) _____

Trenches: Width _____ Total Length _____ Bed: Area _____

i) Seepage Pits: Design Percolation Rate _____

Number of Pits _____ Total Percolating Area Provided _____

4. Attachments (Check items included):

General Plan of System Showing Location of All System Components _____

X-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal
Field, Seepage Pits and Interceptor Drains _____

Pump Performance Curve _____

Other—Specify _____

5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is
true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act
(N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Contractor _____ Date _____